

PTO/SB/21
0037.0096

TRANSMITTAL FORM <i>(To be used for all correspondence after initial filing)</i>	Application Number	09/972,207
	Filing Date	October 5, 2001
	Inventor	P.L. BRADSHAW et al.
	Group Art Unit	2145
Total Number of Pages in this Submission: 5	Examiner Name	A.Q. Choudhury
	Attorney Docket Number	SJO920010097US1

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits /Declarations <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement; ___ references <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an application) <input type="checkbox"/> Formal Drawings: ___ sheets <input type="checkbox"/> Licensing-related papers <input type="checkbox"/> Petition: _____ <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ___ <input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Certificate of Correction of Applicant's Mistake (37 CFR 1.323) <input type="checkbox"/> Certificate of Correction of Office Mistake (37 CFR 1.322) <input type="checkbox"/> Appeal Communication to Group (<i>Appeal Notice, Brief, Reply Brief</i>) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Fee Address Indication Form <input checked="" type="checkbox"/> Issue Fee Transmittal Form PTOL-85 (+ copy)
--	--	---

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name:	David W. Victor, Registration No. 39,867
Signature:	
Date:	December 1, 2006
KONRAD RAYNES & VICTOR, LLP 315 South Beverly Drive, Suite 210 Beverly Hills, California 90212 (310) 556-7983	
<input checked="" type="checkbox"/> The Commissioner is authorized to charge any deficiency of fees, or credit any overpayment, to Deposit Account No. 09-0466	

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being hand delivered to the United States Patent Office in an envelope addressed: Commissioner for Patents, Alexandria, VA 22313-1450, on the date indicated below:		
Typed or Printed name:		Customer No. 46917
Signature:		
Date:		